



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT  
BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R4/11-05)  
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11  
REPORT

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name MIKE COLBY		2. Committee Telephone Number ( 317 ) 598-9326	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 120 NORTHWOOD DRIVE			
4. City FISHERS	State IN	ZIP Code 46038	5. Party Affiliation or If Independent Candidate REPUBLICAN
6. Office Sought (include district number, if any. Not required for exploratory committee.) FISHERS TOWN COUNCIL DISTRICT #2		7. County of Residence HAMILTON	
8. Reporting Period: From: 1/1/2011 Through: 4/8/2011			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED
				RECEIVED BY
Classification PAC	1. HAMILTON CO FIREFIGHTERS LOCAL 4416 33 SOUTH 8TH ST STE 1200 NOBLESVILLE, IN Contributor's Occupation (if applicable)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	8,000	4/21/2011
Classification	2. Contributor's Occupation (if applicable)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Classification	3. Contributor's Occupation (if applicable)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		

CERTIFICATION I, _____, SECRETARY OF THE COMMITTEE, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS True and Correctly Stated.	
Title Secretary	Date (MM-DD-YY) 4/21/11
	Date (MM-DD-YY) 04/21/11
This form is not to be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who fails to file a complete or accurate report is guilty of a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report is guilty of a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties.	

HAMILTON COUNTY COURTS  
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